

# Standard PRSA

## Individual



A.P. Plan Type

R

(as per the illustration)

S.P. Plan Type

R

(as per the illustration)

Intermediary Name

Financial Advisor Name

Intermediary Number

**Note: This application form is for a Standard PRSA (Personal Retirement Savings Account).** It should not be used for Standalone PRSA AVC contracts. A separate application form is available for Standalone PRSA AVCs.

**Note:**  
Please complete in  
BLOCK CAPITALS.

### A Personal Details of PRSA Contributor

☐ Mr☐ Mrs☐ Ms

Forename

Surname

Address

Date of Birth

Source of Evidence\*

\*Note: E.g. a passport including passport number. Source of evidence is only required if the contribution is greater than 15% of Total Earnings; Not required for Pension transfers.

No.

PPSN

Source of PPSN

**Note:**

†Please indicate the Total Earnings (e.g. gross salary plus overtime) that you derive from the occupation shown in Section A 'Personal Details of PRSA Contributor'.

Civil Status

☐ Married☐ Single☐ Widow(er)☐ Separated☐ Divorced☐ Civil Partner☐ Former Civil Partner

Sex

☐ M☐ F

Telephone Number (work)

(home)

(mobile)

Email Address

Nationality

Country of Residence

Total Earnings†

€

Selected Retirement Age

Occupation (please tick one)

**A. Employee**☐

Manager, professional, technical and administrative

☐

Clerical and secretarial

☐

Personal and protective service

☐

Trades, craft and other related

☐

Plant and machine operatives

☐

Sales

☐

Other

Please specify

**OR B. Not Employee**☐

Agricultural self-employed

☐

Other self-employed

Please specify

**OR C. Not Economically Active/Unemployed**☐

### Special Instructions

## B Web Access to PRSA Information

You can look up details of your PRSA (including the current value) online at the Client Centre on [www.zurichlife.ie](http://www.zurichlife.ie)

Do you wish to register for the Client Centre? ☐ Yes ☐ No

## C Contribution Details (Complete 1 OR 2 below)

### 1 Non-salary Deduction

Contract Start Date

Billing Date ☐ 1st ☐ 7th ☐ 15th

Note: If a billing date is not specified this will default to the 1st.

#### Regular Contribution

Direct Debit Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Regular contribution amount per frequency above

€

Please complete Direct Debit Instruction at end of this form.

#### Regular Contribution Increase Options

Please choose Option 1 or 2:

If you do not select any of these options, we will automatically apply Option 1.

##### 1. Standard Indexation

Select this option if you want your contributions to be increased each year, in line with inflation.

If you want your contributions to index at each anniversary, please tick here. ☐

##### 2. Level Contributions

Select this option if you **do not want your contribution to increase each year**. Selecting this option means that your contribution will reduce, in real terms, over time.

If you do not want your contributions to increase, please tick here. ☐

#### Once-off Contribution

If this is to be a once-off contribution, please specify amount here.

€

Once-off contributions can only be paid by cheque or bank draft made payable to Zurich Life.

Does the once-off contribution represent a transfer payment from another pension arrangement? ☐ Yes ☐ No

If **YES**, please provide details of where the Transfer Acceptance Letter should be sent to.

Life Insurance Company

Policy No.

If **YES**, from what type of pension arrangement is the transfer payment coming?

☐ PRSA ☐ Defined-benefit scheme ☐ Defined-contribution scheme ☐ Retirement annuity contract (personal pension) ☐ Pension arrangement outside Ireland

#### Pension Adjustment Order

Also, if this transfer is the subject of a Pension Adjustment Order (PAO) please tick here ☐ and supply a copy of the PAO.

#### Note:

Relevant for regular contribution plans only.

### 2 Salary Deduction/Employer Contribution

Name of Employer

Address of Employer

Employee Number

Month of First Salary Deduction for PRSA

Total Earnings<sup>†</sup>

€

Selected Retirement Age

Frequency of Salary Payment

☐ Weekly ☐ Fortnightly ☐ 4-weekly ☐ Monthly

The contract start date will be the first of the month following the month of the first salary deduction.

#### Note:

<sup>†</sup>Please indicate the Total Earnings (e.g. gross salary plus overtime) that you derive from the occupation shown in Section A 'Personal Details of PRSA Contributor'.

Continued overleaf

**Regular PRSA Contribution (per salary payment frequency above)**

	% of salary			
Your regular contribution	€	OR		%
Your employer's regular contribution	€	OR		%
<b>Total</b>	€	OR		%

**Once-off PRSA Contribution**

Your once-off contribution	€
Your employer's once-off contribution	€
<b>Total</b>	€

For regular PRSA contributions, please tick one of the boxes below after consulting with your employer.

☐

Fixed contribution per month remitted to Zurich Life by employer

☐

Variable contribution per month remitted to Zurich Life by employer

If you do not want the offer of indexation to apply to the contract, please tick here.

☐

Does the once-off contribution represent a transfer payment from another pension arrangement?

☐

Yes

☐

No

If YES, from what type of pension arrangement is the transfer payment coming?

☐

PRSA

☐

Defined-benefit scheme

☐

Defined-contribution scheme

☐

Retirement annuity contract (personal pension)

☐

Pension arrangement outside Ireland

If this once-off payment represents a transfer from another pension arrangement and is the subject of a Pension Adjustment Order (PAO) please tick here

☐

and supply a copy of the PAO.



**Employer:**

Please sign and date.

Signature of Employer

X

Date

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**Only required where Employer is contributing.**

Please deduct from my salary until further notice the regular PRSA contributions agreed by me above, and any increases in contributions, and remit these contributions to Zurich Life Assurance plc.



**PRSA Contributor:**

Please sign and date.

Signature of PRSA Contributor (Employee)

X

Date

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**Only required where Employee is contributing.**

Zurich Life will collect contributions by monthly direct debit from employer. Employer must complete direct debit instructions at end of the form.

## D Your Investment Options

If you choose the Default Investment Strategy below then this investment strategy will apply to both single and regular contributions.

Please select either **Option 1** OR **Option 2**

### Option 1 Default Investment Strategy

If you select the Default Investment Strategy, please **DO NOT** complete the Fund Choice section below.

Which Default Investment Strategy do you wish to follow?

☐ Default Investment Strategy (Annuity)

OR

☐ Default Investment Strategy (Approved Retirement Fund [ARF])

If **Option 1** is selected, please go straight to Section **E**.

OR

### Option 2 Fund Choice

If you wish to make a selection below, please **DO NOT** complete the Default Investment Strategy section above.

#### Declaration:

I hereby declare that I have elected **NOT** to have the Default Investment Strategy apply to the PRSA contract for which I am now applying.

Signature of PRSA Contributor

X

Date

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You may choose to invest in a maximum of 10 funds.

Fund Name	Single Contribution	Regular Contribution
Prisma <b>2</b>	%	%
Prisma <b>3</b>	%	%
Prisma <b>4</b>	%	%
Prisma <b>5</b>	%	%
Prisma <b>6</b>	%	%
Cash	%	%
Active Asset Allocation	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Long Bond	%	%
Dividend Growth	%	%
Active Fixed Income	%	%
Eurozone Equity	%	%
International Equity	%	%
5 ★ 5 Global	%	%
5 ★ 5 Europe	%	%
5 ★ 5 Americas	%	%
5 ★ 5 Asia Pacific	%	%
Total	100%	100%

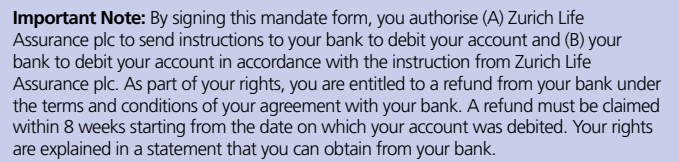


PRSA  
Contributor:

Please sign and date.

**E**

Zurich Life Unique Mandate  
Reference Number  
(to be completed by the creditor)



**Please complete all the fields below:**

Country

Signature(s) of Account Holder(s)	X
	X

**Date of Signing**

Type of Payment **RECURRENT**

**Date of Signing**

Direct debits will be collected from your bank on the chosen date\* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate. *\*The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement.*

**By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.**

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**Zurich Life Assurance plc**

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Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

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The information contained herein is based on Zurich Life's understanding of current Revenue practice as at January 2017 and may change in the future.

Intended for distribution within the Republic of Ireland.

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